Massachusetts Department of Public Health
Primary Stroke Service Registry Data Collection Form

Patient ID: _____ **Discharge Date:** __ / __ / ____

Demographics

Age: _____ years Gender: O Male O Female

Race: ☐ White ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Black or African American ☐ American Indian/Alaska Native ☐ UTD

Hispanic Ethnicity: O Yes O No/UTD

Arrival Mode to your Hospital: O EMS From Scene O EMS – hospital transfer O Private transport / walk-in O Did not present via ED O Not Documented

Primary Stroke Diagnosis

O Ischemic Stroke
O Transient Ischemic Attack (<24 hours)
O Subarachnoid Hemorrhage
O Intracerebral Hemorrhage
O Stroke of Uncertain Type

Discharge Destination

O 01 - Discharged to home care or self care (routine discharge)
O 02 - Dsch/Trans to another short term general hospital for inpatient care
O 03 - Dsch/Trans to a skilled nursing facility
O 04 - Dsch/Trans to an intermediate care facility (ICF)
O 05 - Dsch/Trans to another type of institution for inpatient care
O 06 - Dsch/Trans to home under care of organized home health service organization
O 07 - Left against medical advice or discontinued care
O 08 - Dsch/Trans to home under care of a home IV drug therapy provider
O 20 - Expired (or did not recover-Christian Science Patient)
O 41 - Exp in medical facility, such as hospital, SNF, ICF or freestanding hospice (Hospice)
O 43 - Dsch/Trans to a federal hospital
O 50 - Hospice – home
O 51 - Hospice – medical facility
O 61 - Dsch/Trans within this institution to hospital-based Medicare approved swing bed
O 62 - Dsch/Trans to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
O 63 - Dsch/Trans to a Medicare certified long term care hospital (LTCH)
O 64 - Dsch/Trans to a nursing facility certified
O 65 - Dsch/Trans to a psychiatric hospital

☐ Discharge Destination Other/Unable to Determine

Date/Time of Stroke Symptom Onset: ___/___/_____ ___: ___ ☐ Date ND ☐ Time ND ☐ Documented as "Unknown Onset"

How determined? O Witnessed O Self-reported onset O ND

Is "time of onset" when patient was last known normal? O Yes O No

If Time ND, estimated time of day of onset? --select one-- O Morning (6:00am – 11:59am) O Afternoon (noon – 5:59pm) O Evening (6:00pm – 11:59pm) O Overnight/awoke with deficits (midnight – 5:59am) O ND

Hospital Treatment Timeline (*All dates and times should be for your hospital)*

Patient Arrival at the ED: ___/___/_____ ___: ____ ☐ Date ND ☐ Time ND ☐ N/A, did not arrive via ED

Initial Brain Imaging Completed: ___/___/_____ ___: ____ ☐ Date ND ☐ Time ND ☐ Outside brain imaging prior to transfer

Was Thrombolytic Therapy for Stroke Administered?

☐ Not Administered at all / ND
☐ Intravenous t-PA started at outside hospital
☐ Intravenous t-PA started at my hospital
☐ Intra-arterial started at my hospital
☐ Other investigational IV Thrombolytic approach

Date/Time Thrombolytic Administration started at your hospital: ___/___/_____ ___: ____ ☐ Date ND ☐Time ND

☐ N/A – None started at my hospital (even if my hospital continued IV tPA that was started at outside hospital)
☐ Research use of IV tPA beyond 3 hours

Reason(s) why IV t-PA was not started at your hospital (if applicable):

O Delay in patient arrival (>3 hrs from onset of stroke symptoms)
O Delay from CT ordered to CT done
O Delay from CT done to CT read
O Other time delay
O Uncontrolled hypertension
O Rapid improvement
O CT findings
O Stroke severity – Too Mild
O Stroke severity – Too Severe
O Seizure at onset
O Recent surgery/trauma (<15days)
O Recent IC surgery, head trauma or stroke (in past 3 months)
O Patient/family refused (e.g., DNR/CMO)
O Consent not obtainable
O H/O ICH, brain aneurysm, vascular malformation or brain tumor
O Age
O Active internal bleeding (<22 days)
O Platelet count <100,000
O Abnormal PTT or PT
O Glucose <50mg/dL or >400 mg/dL
O No IV access
O Life expectancy <1 yr or severe co-morbid illness
O IV t-PA given at outside hospital prior to transfer
O Investigational protocol instead of IV t-PA
O Other reason
O Not documented